

● **SENDER:** Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):  
☒ Show to whom and date delivered.....  
☐ Show to whom, date, and address of delivery.....  
☐ **RESTRICTED DELIVERY**  
 Show to whom and date delivered.....  
☐ **RESTRICTED DELIVERY.**  
 Show to whom, date, and address of delivery. \$\_\_\_\_\_  
 (CONSULT POSTMASTER FOR FEES)

2. **ARTICLE ADDRESSED TO:**  
 Alice D. Schwartzman  
 1518 Nela Avenue  
 Orlando, Florida 32809

3. **ARTICLE DESCRIPTION:**  
 REGISTERED NO. CERTIFIED NO. INSURED NO.  
 P00 6975483

(Always obtain signature of addressee or agent)

I have received the article described above.  
 SIGNATURE ☐ Addressee ☐ Authorized agent

4. **DATE OF DELIVERY**

5. **ADDRESS** (Complete only if requested)

6. **UNDELIVERABLE AS ADDRESSED**  
**UNABLE TO FORWARD 32809**

POSTMARK  
 ORLANDO, FL  
 26  
 1980  
 USPS  
 19

☆ GPO: 1978-272-382

Canonico

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OFFICES  
**KLAS & CASTLE**  
 COURT STREET  
 MARYLAND 21701  
 694-8877

March 12, 1980

The Motor Vehicle Administration  
 6601 Ritchie Highway  
 Glen Burnie, Maryland 21061

RE: John G. Schwartzman  
 Alice D. Schwartzman

To whom it may concern:

I am searching for the address of Mr. John G. Schwartzman and Mrs. Alice D. Schwartzman whom I believe are licensed in the State of Maryland. Please provide me with addresses for these two persons.

Enclosed please find a check for \$2.00 to cover the copy fee.

Yours very truly,

F. Theodore Elliot

FTE/blm